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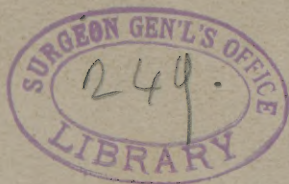
The Prevention and Treatment
of Puerperal
Fever.

BY ✓

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COLLEGE OF PHYSICIANS AND SURGEONS,
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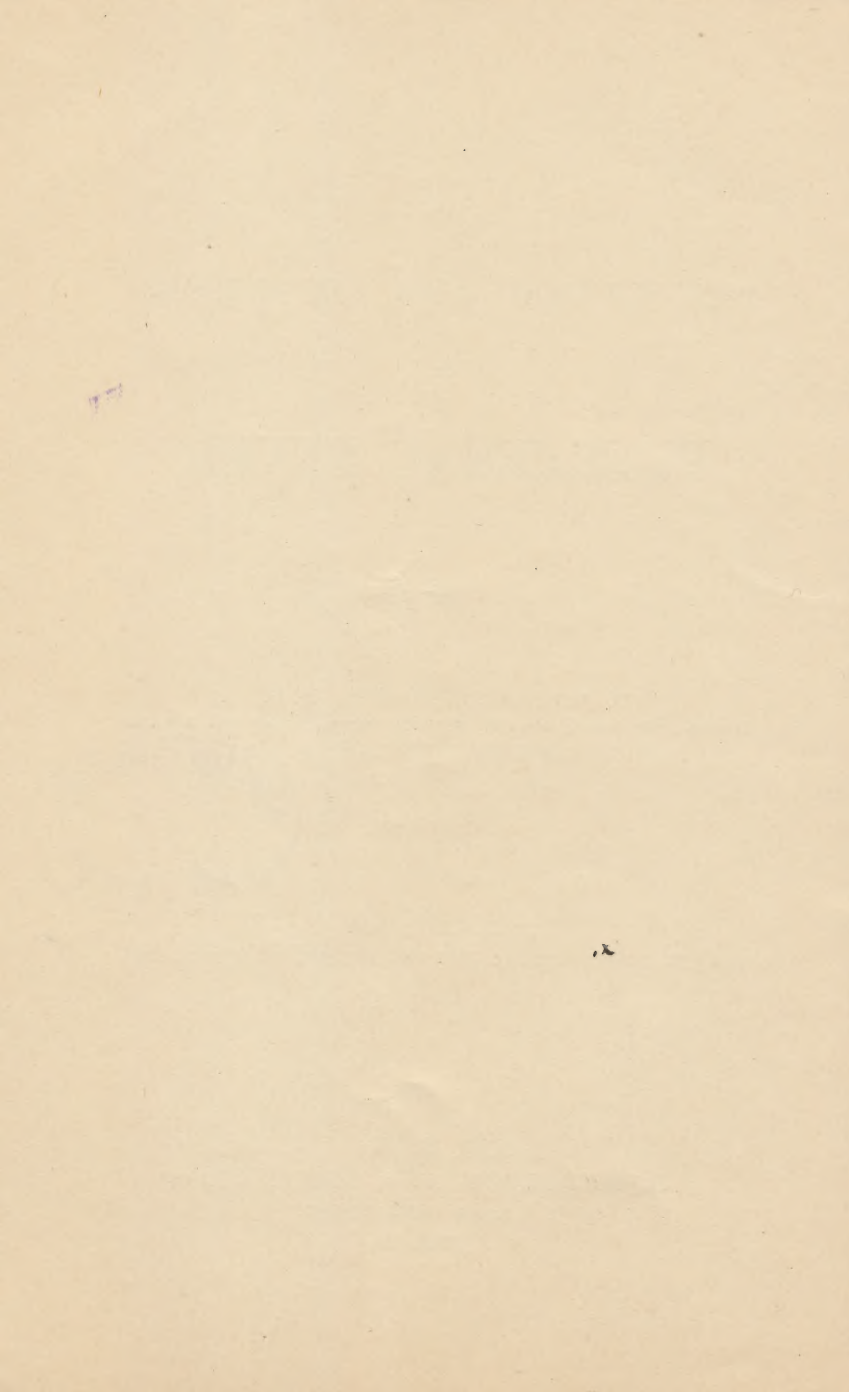
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THE PREVENTION AND TREATMENT OF
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MR. PRESIDENT AND GENTLEMEN: When quite a young lad I was present at a murder trial which made a deep impression on my mind. When the case had been presented, the attorney for the commonwealth, who was a florid and rather bombastic orator, got up and made a speech of two hours. At its close all were very anxious to hear the counsel for the prisoner, who had a reputation for great eloquence. Judge of the surprise of the audience when he arose and quietly said: "May it please your Honor, the case is closed; I rest it here. The gentleman on the other side has made so able a speech in favor of my client that I rely upon it for his acquittal." The prisoner was acquitted. I feel very much in this way with reference to the paper of Dr. Barker,

* Being the remarks made by Dr. Thomas before the New York Academy of Medicine, February 7, 1884, on being requested to close the adjourned discussion on his paper read before the Academy, December 6, 1883, and published in the "New York Medical Journal" for December 15, 1883, p. 649.

to which I have just listened with feelings which I know you, who are his well-wishers, fully share with me—feelings of surprise, regret, and sorrow.

Discussions such as this can not fail to do good, however, for I am a great believer in the old Latin adage, "*ex collisione scintilla*"; and although, in view of the very grievous errors which, according to my distinguished colleague, I have brought before the profession and suggested for its adoption, I may be preferring silver to gold in deciding in favor of speech instead of silence, I feel called upon to say a few words in simple self-defense, that first law of nature.

Our honored president has been very guarded in opening his attack upon my paper, and has seemed to feel concern lest its author should take offense at his sallies. Let me assure him and you that it would take a great deal more than such a discussion as this to weaken the ties of friendship which a quarter of a century has cemented between us, or to cause me to take exception to the criticism of one whom I have often, in times past, encountered in the lists of debate, and have ever found just, magnanimous, and courteous!

But alas! gentlemen, my adversary has to-night incautiously and, I think, unwisely ventured to use against me that dangerous weapon—a two-edged sword—ridicule. Right mercilessly has he given me one edge; let him beware of the other!

As I saw him draw and flourish this weapon a few minutes ago, I experienced mingled feelings of pleasure and of pain. In a scientific discussion, more especially in a debate which directly and immediately concerns the saving of human life, which at this very moment is being deplorably sacrificed among us, ridicule, elsewhere a powerful weapon, is the poorest and most pitiful of arguments! It is the

resort of the weak, not of the strong; and, as my adversary used it just now, I said to myself, "He feels himself to be very, very weak; he totters upon his pedestal; 'tis pity that he should feel so; for otherwise that master pen which so often in times past has enchanted us would not to-night emit what carries pain to my heart and to the heart of every true friend of his in this assembly, evidences of irascibility and of irritability which are so little characteristic of his real nature; otherwise I should not be able to recognize, as all others must do, the utter want of logic, the deplorable absence of argument, the total neglect of appeal to facts, and the very conspicuous presence of signs of wounded *amour propre* which unite to form an unwholesome stream that meanders through his essay.

I shall not detain you long. I have little to say, for Dr. Barker's attack calls for no rebuttal, and demands no argument on my part. I said all that I had to say on December 6th, when the original firebrand was thrown down and picked up by the wrong end by my excellent friend. There are, however, one or two points upon which I must touch to avoid misrepresentation.

Dr. Barker declares the pathology which I have advocated to be unsustained by even the most recent researches of those whom we recognize as guides; he appears to object to the fact that I have not stuck closely to the dicta of our text-books, and hugged to my soul the tenets of a by-gone time as he has done. This is hardly fair. I strove to follow the advice of Dr. Billings when he says: "Have something to say, say it, stop when you have said it." Had I had no opinions of my own to offer you, had a practice in a large metropolis and in great hospitals taught me nothing during a period of thirty years, I should not have appeared before you. Let my adversary inform himself upon the recent views of pathologists upon this subject, and he will find

that it is his views which are effete, not mine which are jejune.

So far as I can gather anything certain from his discursive paper, the pivotal idea of Dr. Barker's attack seems based upon the belief that I regard the lochial discharge as a poisonous fluid, which, by absorption, by abrasions in the genital tract, gives rise to puerperal septicæmia. I need not tell you that no such absurd idea ever obtained foothold in my brain or enunciation from my tongue. If his idea be this, he has been guilty of very superficial reading of my paper, and should not so easily have concluded that I was affected by idiocy. Look at my essay, which is now in print, and you will see, what you already appreciate must be the fact, that I stated merely that the lochial discharge was a material ready to take on those alterations which are effected by micro-organisms of bad character, which, changing its nature, render it poisonous to the abraded tissues. I believe that you will find that the pathology which I have offered to you is abreast with the views of the advanced pathologists of Germany, France, and Great Britain. As to the pathology of my adversary, Dr. John Thorburn, of Manchester, England, very justly expresses concerning it, I think, the accepted view of the profession when in a footnote to an article upon "Metria," which appears in the "British Medical Journal" for August 11, 1883, he says: "It would be inexcusable not to make some reference to the very able papers of Dr. Napier, in the 'Obstetrical Journal' for 1880, on puerperal fever. He, along with Fordyce Barker, defends the old position of a specific puerperal fever *sui generis*. The time limit imposed by our regulations allows no opportunity of consulting step by step such arguments as he adduces. I can only say that his invaluable collection of facts produces in me an opinion diametrically opposed to his own."

My critic upbraids me for want of thoroughness and for sketchiness of detail with reference to my description of symptoms. I will merely say in answer to this that I intentionally assumed this style, as I was not preparing a lecture for a class of medical students, and that my paper was distinctly announced to be one upon "The Prevention and Treatment of Puerperal Septicæmia," *and upon nothing else*. I can not but thank him for his kindness in comparing my style in this sketchy description of symptoms to that of Byron and Humboldt (I believe these were the authors with whom he compared me), but, alas! as I recall the passages to which he alluded, I am pained to confess that the similarity of style does not strike me so forcibly as it does my too partial friend.

Here let me draw the veil of compassionate silence over the unfortunate allusion to the squib of Stepney and the relics of the Hôtel de Cluny! We stand to-night upon ground consecrated to science by the dignified fathers of the New York Academy of Medicine, who have now passed away! We stand face to face with the terrible mortality which marks puerperal fever among us at this very moment!

And now, gentlemen, a few words as to the "prevention and treatment of puerperal fever," which is the only legitimate subject before us for discussion this evening; the only theme which should not at the very commencement of these exercises have been rigidly ruled out as irrelevant by our president.

How difficult is it in a large body like this to keep a discussion properly directed to the points at issue! The crucial questions, Fellows of the Academy, which are before you to-night are these: 1. Are you to look upon puerperal septicæmia as a poison due to the development of micro-organisms, and are you by every means in your power to guard against the contact of these with the genitalia of the

puerperal woman? 2. When the disorder is developed, is it best for you to keep your patient semi-narcotized and quinized, while the distended abdomen is covered with stupes of turpentine or poultices, and await the result, as has formerly been done; or are you to seek to counteract the septic process which has invaded the genital tract, by local applications? These are the momentous questions; the other points are non-essential ones, and, although important in some respects, sink into insignificance when compared with them.

Take, for example, the first of my suggestions as to cleansing the lying-in room and applying antiseptic solutions to its walls and floors before labor sets in. This seems to appear to some like one of the labors of Hercules, and a very valued friend of mine, one of the most eminent obstetric professors of this city, seems so firmly to keep his eyes fixed upon it as to allow it to draw his gaze away from others which are of tenfold its value. Now, gentlemen, what is really the difficulty in doing this thing? In the cottages connected with the Woman's Hospital it is regularly done whenever a new patient comes in for laparotomy, which is, on an average, once a week; and whenever I operate in private practice, let the operation be as trivial as it may, I always insist upon its performance. A scrubber, and there are many women in New York who make such work a business, takes up the carpet and sends it to the naphtha cleaning works or replaces it by rugs; she then scrubs the floor and furniture with a solution of carbolic acid or the bichloride of mercury. Then, covering a broom with a towel, she stands upon a pair of steps, and, dipping this in a bucket, she wipes off the walls and ceiling. The whole work of cleaning a chamber occupies a few hours. Dr. Lusk has said that he has never seen any good come from scrubbing furniture with an antiseptic solution—agreed; I have never

seen it do any harm, and until I do so I shall feel that it is safer to resort to it. But, I assure you, I am not particularly enthusiastic about this cleansing of the chamber, nor do I regard it as by any means essential. If any one prefers to have his patient confined in a dirty room rather than a clean one, let him do so by all means; I do not gainsay it. If I need any defense for having pressed the claims of cleanliness in this regard, let it be found in the fact that he who offers rules for a system must aim high, not low; that, aim as high as he may, many will fall below the standard, and that, if a low level be assumed, no one will go above it and take a higher.

My second suggestion for prevention has reference to complete change of clothing, and the taking of an antiseptic bath by doctor and nurse before taking charge of a lying-in woman, if they have knowingly been exposed to the effluvia of septicæmia, erysipelas, scarlet fever, typhus, or any similarly contagious affection. Will any one object to this as unnecessary or impracticable? I think not. Yesterday, at 4 P. M., I saw in Stamford a very bad case of puerperal septicæmia; this afternoon, at 3, I performed Tait's operation in a very important case which could not be delayed. I ventured to do this only under these circumstances: this morning I took a hot bath of water strongly impregnated with salt, and after it shampooed my hair and beard thoroughly with a saturated solution of boric acid, scrubbed my hands thoroughly, by means of a nail-brush, with a solution of the bichloride, 1 to 1,000, and changed every article of clothing which I had worn at the moment of exposure. The trouble was not great, nor was the process a disagreeable one. It may have done no good whatsoever, but I feel sure that it did no harm, and it certainly quieted my conscience and gave me a feeling of comfort that I could have obtained in no other way.

My third suggestion was that during labor a warm anti-septic injection should be administered to the patient by the nurse about every four hours, and that a towel wrung out of this warm solution should be laid over the vulva. Who objects to this? "If any, speak, for him have I offended." It is very soothing to the patient, and it is difficult to see how she could be injured by it.

My fourth suggestion merely relates to cleanliness of the hands on the part of doctor and nurse. The propriety of this I will not discuss.

No one will quarrel with my fifth and sixth, which merely require the physician to attend intelligently and faithfully to the performance of the third stage of labor, and the examination for and closure of wounds about the vagina and ostium vaginæ.

I now come to the seventh suggestion—the use of vaginal injections every eight hours, beginning eight hours after delivery. The arguments which have been brought up against this practice since I read my paper have had great weight with me; I confess that I feel less firm in my convictions upon this point than I did, and that in future I shall examine the question carefully before I determine to adhere to my plan. You may ask, Why this change of opinion? My answer is that I strive to mend the fault of yesterday with wisdom of to-day.

The rest of my rules will be so certainly agreed in that I can not question the concurrence of all, even of the eminent gentleman our president, who regards my efforts as so hurtful to progress and so damaging to the health of the community to whose medical guides I have made appeal.

A few words now, before closing, upon some of the means which I have suggested as to treatment. With reference to my present views upon the use of cutaneous refriger-

ation for the controlling of high temperature, however produced and in the course of whatever disease occurring, I would, after a very extensive experience, say this: Were the laws of my country to prohibit a resort to this method, I would be unwilling to continue the practice of my profession, for I could not do so relinquishing what I sincerely believe to be one of the most valuable therapeutic resources at the disposal of the physician.

With regard to intra-uterine injections, I fear that I have expressed myself in such a way as to allow it to appear that I resort to them with very little provocation and upon all occasions when hyperpyrexia supervenes after childbirth. No impression could be more erroneous. No one could have striven more than I have done to keep within proper bounds the indiscriminate use of this valuable but dangerous resource. Let me illustrate my feeling with reference to this subject in the following way: I believe that the operation of trachelorrhaphy, as introduced by my friend Dr. Emmet, is one of the greatest advances which a quarter of a century has seen in gynæcology. I believe that at the present moment it is doing a great deal of harm on account of its indiscriminate and too frequent performance, many seeming to believe that every woman who bears a child requires a resort to it. Does this militate against the great value of the procedure? Not at all. "*Uti sed non abuti*" might well have been written over its original description, as in olden times it was inscribed upon the case which held the lancet.

My friend Dr. Barker must here allow me to offer him a most full and sincere apology for not having accorded to him in my paper the credit which was his due in connection with the introduction of intra-uterine injections into obstetric practice. I know that he will freely forgive me when I state that the omission was due to ignorance on my

part of the facts which he has stated to-night, and not to any intentional neglect.

Dr. Mundé has expressed the opinion that I have not sufficiently guarded my readers against the dangers of intra-uterine injections. As I recall my statements I can not but feel that he is in error upon this point. I certainly strove, to the utmost of my capacity, to so depict these dangers as to put every man upon his guard concerning them.

I have not been surprised to notice, among other criticisms of the preventive measures which I have suggested, a tendency on the part of some to ignore the necessity for them, especially in private practice. That this would in all probability be done I suggested in my paper, and I came here this evening prepared to use some statistics which would invalidate this position. I shall not use those that I brought, however, but employ in their stead some which have been offered by the speakers of this evening. Dr. Hanks declares that 250 women died from puerperal septicæmia in this city last year; that is 250 to 1,000,000 inhabitants. The United States probably contains in round numbers 40,000,000 inhabitants, which would give us 10,000 deaths in one year, and in twenty years, which is about the average child-bearing time of women, 200,000 deaths. Surely this looks as if something should be done to lessen the mortality of this disease. Does the plan which I have suggested accomplish this result? Let Dr. Lusk answer. He has just told us that in Prague, before a similar plan was adopted—that is, before antiseptic midwifery was introduced—they lost five per cent. of hospital puerperæ by septicæmia; since then 1,100 women have been delivered without a single death. I hope that I am correct in my quotation of Dr. Lusk; I think that I am—no death, against fifty-five in former times!

And now methinks I hear a whisper to this effect:

“These are the statistics of hospitals; the disease must be rare in private practice, for does not Dr. A. tell us that he, out of 500 cases, has had no deaths; Dr. B. that out of 1,000 he has had none; and Dr. C. that out of 1,500 he has met with only one.” Patients are constantly dying from this cause in private practice, nevertheless. It is now just two months since I read my paper, and during that time I have been called to five cases of puerperal septicæmia, four of them, at least, in the higher walks of life, and all four of the most desperate character. I prefer to state with whom these patients were seen, and I feel sure that my colleagues who called upon me will appreciate my motive and pardon me for doing so. The first case I saw with Dr. Glück and Dr. Kucher; the second with Dr. Hutchison, Dr. Crane, and Dr. Paine, of Brooklyn; the third with Dr. Lyons, in which suppurative synovitis and abscesses had followed a miscarriage; the fourth I was called to by Dr. Loewenthal, but could not attend; and the fifth I saw yesterday in Stamford, with Dr. Janeway, of New York, and Dr. Phillips and Dr. Hurlburt, of the former place.

I have ventured to give the names of the practitioners with whom I saw these cases, to prove that they occur even under the most favorable circumstances as to social surroundings and medical care.

And now, gentlemen of the Academy, let me thank you for the kind and courteous attention which you have given me. It is that attention and that courtesy which have emboldened me to detain you so long. I feel very sure that you will give full credence to two statements which I make in bidding you good-night: *First*. That I have no wish to be dogmatic and uncompromising in reference to the rules which I have suggested for the prevention and treatment of puerperal septicæmia. *Second*. That if venom has seemed to flow from my tongue it has not reached it from my heart,

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which has been entirely free from it; and that if I have seemed to strike too trenchant blows at the honored head of our president, I have struck purely in self-defense at one for whom I yield to no man in respect, admiration, and affectionate regard.



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